

City of Bryan

Department of Risk Management

Claims Notice

CLAIMS NOTICE: Charter of the City of Bryan provides that notice must be in writing, duly verified (notarized) of the death injury or destruction and shall be filed within ninety (90) days after same has happened.
Your claim will be considered only when this report is properly completed AND estimates of cost or repairs or receipted bill is attached.

City of Bryan Claim Number: _____

Claim for Damages:

☐ Property Damage

☐ Bodily Injury

☐ Vehicle Damage

☐ Other, explain in Detail: _____

CLAIMANT INFORMATION

Name: _____

Address: _____

Home Number: _____ Work Number: _____

CLAIM INFORMATION

Date: _____

Time: _____

Location of Incident: _____

Description of Incident (Use additional paper if needed):

IF THIS IS PROPERTY DAMAGE COMPLETE THIS SECTION OF THE FORM

() Own – How long? _____ () Rent – How long? _____

State the amount of your loss: _____

If you estimated the cost please explain the method by which you made the calculations:

Describe the property damaged (Use additional paper if needed):

Have the damages been repaired? () Yes () No

If so, by whom, when, and cost of repairs: _____

Was the City notified prior to Incident? ____ Yes ____ No

Date: _____ Time: _____ Employee Notified: _____

Notification to City after Incident:

Date: _____ Time: _____ Employee Notified: _____

Please attach each estimate or repair costs to this form.

List Witnesses on Page 5

IF THIS IS BODILY INJURY COMPLETE THIS SECTION OF THE FORM

State the amount of your claim: _____

Describe the injuries sustained (Use additional paper if needed):

EMS Called: () Yes () No

Did you go to a hospital, doctor, or another facility to be treated: () Yes () No

For each hospital, doctor, or other practitioner rendering treatment, examination, or diagnostic services, state:

Name of hospital, doctor, or other facility	Address City, State, Zip	Dates of Treatment or Service	Amount of charges to date	Amount paid or payable by other sources

Notification to City after accident:

Date: _____ Time: _____ Employee: _____

Please attach copies of all reports from hospitals and/or doctors.

List witnesses on Page 5

IF THIS IS VEHICLE DAMAGE COMPLETE THIS SECTION OF THE FORM

Was Police Report made? () Yes () No Case Number: _____

State the amount of your claim: _____

Claimant Information:

Vehicle Year Model: _____ Color: _____ Make & Model: _____

Vehicle ID No: _____ License Plate: _____

Driver's Name: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

Owner's Name: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

Current location of Vehicle: _____

City

Vehicle Year Model: _____ Color: _____ Equip No.: _____

Make & Model: _____ License No.: _____

Driver's Name: _____

Please attach all estimates to this form.

List witnesses on Page 5

Witnesses

1. Name: _____ Phone: _____
Address: _____

2. Name: _____ Phone: _____
Address: _____

3. Name: _____ Phone: _____
Address: _____

Do you carry Insurance for any of the losses, damages, or injuries? () Yes () No

If yes, what company? _____

Policy No: _____ Agent: _____

Have you made a claim against your insurance company? () Yes () No

I HEREBY DECLARE THAT THE FACTS STATED IN THIS NOTICE ARE TRUE:

CLAIMANTS SIGNATURE: _____

SUSBRIBED AND SWORN TO BEFORE ME this the _____ day of _____, 200____.

Notary Public

BRYAN CITY CHARTER, SECTION 20. Notices as to Damage Claims

- (a) Notice to City to Defect. The city shall not be liable for damages to anyone resulting from a defection, obstruction on or any other matter involving a sidewalk in the city. In addition, the city shall not be liable for damages to anyone resulting from a defect in , obstruction on, or any other matter involving a street, alley, or public place other than any sidewalk, unless if is shown that some persons in the employment of the city having a responsibility for the work on the streets, alleys, or public places, had actual notice of the defect , obstruction, or other condition, for a sufficient length of time before the injury to have remedied the condition of the street, alley or public place before the injury was received.
- (b) Notice of City of Claim. Before the city shall be liable for damages for the death or personal injuries of a person or for damage to or destruction of property, the person injured, if living, or the person's representative, if dead, or the owners of the property injured or destroyed, shall give the mayor or the city manager verified notice in writing of death, injury, or destruction, within 90 days after the occurrence causing the damages, death, or injury, stating when, where, and how the death, injury, or destruction occurred, the apparent extent of the injury, the amount o damages sustained, the months immediately preceding the occurrence of the death, injuries, or destruction , and the names and addresses of all the witnesses upon who it is relied to establish the claim for damages. Failure to notify the may or city manager within the time and in the manner specified shall exonerate, excuse, and exempt the city from any liability; provided, however, that nothing in this subsection shall be construed to affect or repeal the provision in Subsection (a) of this section relating to the liability of the city for damages on account of injuries received on the sidewalks, streets, alleys, or public places of the city.